

South Carolina Workers' Compensation Commission

1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



I.C. File #: _____

The use of this form is required under the provisions of the South Carolina Workers' Compensation Law.

**NOTICE
OF
THIRD PARTY ACTION
EMPLOYEE**

In the Workers' Compensation Claim of

_____, Employee

_____, Claimant(s)

VS.

_____, Employer

_____, Carrier

TO THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and the above-named Carrier or Self-Insurer Employer:

PLEASE TAKE NOTICE that an action has been commenced against _____
as defendant(s) in the Court of _____
County of _____ and State of _____
under date of _____, _____.

DATED: _____

Employee or Surviving Workers'
Compensation Beneficiary

Attorney for Employee or Surviving Workers'
Compensation Beneficiary

A copy of this form must be served upon the South Carolina Workers' Compensation Commission, the Workers' Compensation carrier or self-insurer employer by personal service, registered or certified mail within thirty (30) days after third party action commenced; and, the third party action must be commenced within one (1) year after employer-carrier accepts liability for or makes payment of compensation as provided in the Workers' Compensation Law.